



INDIANA STATE BOARD OF HEALTH

Local No. 3189-91

CERTIFICATE OF DEATH

State No.

TYPE/PRINT IN PERMANENT BLACK INK

1 DECEASED—NAME (First Middle Last) IRENE N. LOZANO FEMALE 3:50 AM DECEMBER 14, 1991
4 SOCIAL SECURITY NUMBER 310-66-9237
5a AGE—Last Birthday (Years) 61
5b UNDER 1 YEAR Months Days
5c UNDER 1 DAY Hours Minutes
6 DATE OF BIRTH (Mo Day Yr) June 20, 1930
7 BIRTH PLACE (City and State or Foreign Country) Nuevo Laredo, Mexico
8a WAS DECEDENT A US VETERAN? No
8b YEAR LAST SERVED IN US ARMED FORCES? N/A
9a PLACE OF DEATH (Check only one See instructions) HOSPITAL Inpatient

DECEDENT

9b FACILITY NAME (If not institution give street and number) THE COMMUNITY HOSPITAL
9c CITY TOWN OR LOCATION OF DEATH MUNSTER
9d COUNTY OF DEATH LAKE
10 MARITAL STATUS Married
11 SURVIVING SPOUSE (If wife give maiden name) Evaristo Lozano
12a DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Homemaker
12b KIND OF BUSINESS/INDUSTRY Home

13a RESIDENCE—STATE Indiana
13b COUNTY Lake
13c CITY TOWN OR LOCATION East Chicago
13d STREET AND NUMBER 3829 Elm Street
13e ZIP CODE 46312
13f INSIDE CITY LIMITS No
14 CITIZEN OF WHAT COUNTRY? U.S.A.
15 WAS DECEDENT OF HISPANIC ORIGIN? No
16 RACE—American Indian Black White etc (Specify) White
17 DECEDENT'S EDUCATION (Specify only highest grade completed) N/A

PARENTS

18 FATHER'S NAME (First Middle Last) Jose Negrete Perez
19 MOTHER'S NAME (First Middle Maiden Surname) Magdalena Torres

INFORMANT

20a INFORMANT'S NAME (Type/Print) Edward Lozano
20b MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 606 Heron Dr., Delray Beach, Florida
20c Relationship Son

DISPOSITION

21a METHOD OF DISPOSITION Burial
21b DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory or other place) December 17, 1991 Ridgeland Cemetery
21c LOCATION—City or Town, State Gary, Indiana

CAUSE OF DEATH

22a EMBALMER'S NAME Charles W. Wells
22b EMBALMER'S LICENSE NO. FD0104372
23 WAS DEATH REPORTED TO CORONER? No
24a SIGNATURE OF FUNERAL DIRECTOR David J. Fashick
24b LICENSE NUMBER (of Licensee) FD08800012
25 NAME, ADDRESS AND LICENSE NUMBER OF FUNERAL HOME #155 Oleska-Pastrick Funeral Home 3934 Elm St, East Chicago, IN 46312

THIS CERTIFICATE IS THE PROPERTY OF THE LAKE COUNTY RECORDER

CAUSE OF DEATH

26 PART I IMMEDIATE CAUSE (Final disease or condition resulting in death)
a Cardiac-respiratory arrest 15 min
b Gastro-intestinal bleeding, renal failure 1 month
c Coronary artery disease 10 yrs
26 PART II Other significant conditions - Conditions contributing to death but not previously stated in Part I
Coronary artery bypass
Bowel resection

CERTIFIER

27 WAS DECEDENT PREGNANT OR 90 DAYS POSTPARTUM? No
28a WAS AN AUTOPSY PERFORMED? No
28b WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no) No
29a CERTIFIER (Check only one) CERTIFYING PHYSICIAN
29b SIGNATURE AND TITLE OF CERTIFIER Oscar Williams, M.D.
29c MEDICAL LICENSE NO. 26577
29d DATE SIGNED (Month Day Year) DECEMBER 16 1991

HEALTH OFFICER

30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (Type/Print) DR. KWANG DUCK YOU, M. D. 931 FRAN LIN PARKWAY MUNSTER, INDIANA 46321
31 HEALTH OFFICER'S SIGNATURE Alexander S. Williams, MD
32 DATE FILED (Month Day Year) December 20, 1991

CORONER USE ONLY

33 MANNER OF DEATH Natural
34a PLACE OF INJURY—At home farm street factory office building etc (Specify)
34b TIME OF INJURY
34c INJURY AT WORK? (Yes or no)
34d DESCRIBE HOW INJURY OCCURRED
35 DATE PHONOUNCED DEAD (Month Day Year) FEB 28 1992
35a DATE OF INJURY (Month Day Year)
35b TIME OF INJURY
35c INJURY AT WORK? (Yes or no)
35d DESCRIBE HOW INJURY OCCURRED
36 LOCATION—Street and Number or Rural Route Number, City or Town, State

